

CAP Case No. _____

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Charge No. _____ of _____

Notification of Charges

To: _____
(Name & Rank) (ID No.)

Assignment: _____

You are hereby notified that you are charged with the following violation of this Department's rules, policy, and procedures to wit:

Charge -- Violation of Maryland Capitol Police rules, policy, and procedures (Explain in detail - include specific chapter and section where applicable.)

Statement of Facts (Include Dates):

Charge Preferred by:

Commander's
Signature: _____

Date
Commander
Signed: _____

(Commander's signature denotes filing of charges)

Once the charge is signed by a commander, it is deemed to be filed. Thereafter, immediately fax copy of this Form to the CID Unit.

Employee's Signature: _____

Date
Employee
Signed: _____

Signature acknowledges that the employee has been advised
of the charge and supporting statement and understands same.

Distribution:

Hearing Board - Original and five copies. Forward original and all copies with the case file to the MCP Prosecutor.

Summary Punishment/ADP - Original and three copies. Forward original and two copies with case file through channels to the Internal Affairs Section. Give copy to the employee.

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Waiver of Law Enforcement Officers' Bill of Rights and Acceptance of Punishment

" Check here if this case is being processed under the ADP guideline and the case was discussed with the Commander, Internal Affairs Section (IAS).

_____ Date case was discussed with the Commander, IAS if processed under ADP guidelines.
(Date)

I, _____, am familiar with the Law Enforcement Officers Bill of Rights and pursuant to Public Safety Article, Title 3, '3-103(f), Annotated Code of Maryland, voluntarily waive all of my rights for the purpose of the disciplinary charge(s) that have been filed against me.

I plead guilty to such violation(s) and accept as punishment a penalty of:

Exact dates must be specified if the employee is suspended, deprived of leave, or loses police powers.

I have received a copy of, and acknowledged by signature, the Notification of Charges filed against me. I am aware that by waiving my rights under the Law Enforcement Officers Bill of Rights, that I am waiving my right to appeal the finding and punishment.

Employee's Signature: _____ Date: _____

Supervisor: _____ Date: _____

Detachment Commander: _____ Date: _____

Prosecutor: _____ Date : _____

NOTE: A demotion, or suspension exceeding fifteen days must be reviewed by the Chief of Police.

Chief of Police: _____ Date: _____